

Docket No. 1001.3

PATENTS

\$ 3738  
\* Km

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

JOHN N. FAY

Serial No.: 09/352,107

Filed: 07/14/1999

For: PROSTHETIC LINER HAVING  
LONGITUDINAL INELASTICITY (as  
amended)

Art Unit: 3738

Examiner: Willse, D.

Box Fee Amendment  
Hon. Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition And Fee For Extension of Time is attached hereto.

CERTIFICATE OF MAILING

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Amendment B is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Box Fee Amendment, Hon. Commissioner for Patents, Washington, D.C. 20231 on December 14, 2000.

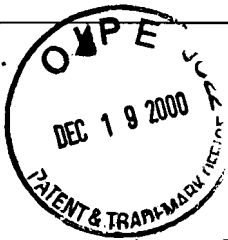
Dated: December 14, 2000

Deborah Preza

(Amendment Transmittal—page 1)

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### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	17	Minus	20	= 10	x \$9 =	\$0
Indep.	3	Minus	3	= 0	x \$39 =	\$0
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total					Addit. Fee	\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Additional fee for claims is required.

### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.  
If any additional fee for claims is required, charge Deposit Account No. 500745.

  
SIGNATURE OF PRACTITIONER

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